

Last Name:			First Name:			M. Initial:			Maiden:		
Alias (Other Name):			Home Phone:			Work Phone:			Date of Birth:		
Sex:	M	F	U	Age:	Soc. Sec. No.		Years of Education: (0-20)		Are You Pregnant?: Y N N/A		
Marital Status: 1 = Never Married 2 = Married/Live together 3 = Widowed 4 = Divorced/Dissolved 5 = Separated 9 = Unknown											
Address (including City and Zip Code): (Homeless? Y N)											
For Minors, Name of Parent/Guardian:						Relationship:			Phone:		
In Case of Emergency, Notify (Name, Address, Phone):											
Are You on Conservatorship?: Y N If yes, Name of Conservator:											
Health Care Insurance (check all that apply): <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Blue Cross <input type="checkbox"/> Kaiser <input type="checkbox"/> Other HMO <input type="checkbox"/> IEHP <input type="checkbox"/> Molina <input type="checkbox"/> Healthy Families <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Other insurance <input type="checkbox"/> None <input type="checkbox"/> Other											
If Medi-Cal, your Medi-Cal No:						County of your Medi-Cal:					
Employment:						School:					
Who Referred You?: <input type="checkbox"/> Self <input type="checkbox"/> School <input type="checkbox"/> Probation <input type="checkbox"/> DCS <input type="checkbox"/> APS <input type="checkbox"/> CPS <input type="checkbox"/> Parent/Grd./Cnsrv./Fam. <input type="checkbox"/> Prop. 36 <input type="checkbox"/> Parole <input type="checkbox"/> Cal-WORKs <input type="checkbox"/> Court <input type="checkbox"/> AB2726 <input type="checkbox"/> AB2034 <input type="checkbox"/> Other											
Services Desired: <input type="checkbox"/> Meds <input type="checkbox"/> Counseling <input type="checkbox"/> Help with Benefits <input type="checkbox"/> Drug/Alcohol <input type="checkbox"/> Other											
Have You Ever Been a Regional Center Client?: Y N											
Are You Seeking Services for Child Custody or Family Reunification?: Y N											
Were You Sent for Services by Probation or Parole or by the Court?: Y N											
Are You Seeking Services Because of a Lawsuit or Charge Against You?: Y N											
Are You Currently in Mental Health or Alcohol/Drug Treatment?: Y N Where?:											
Caregiver: No. of children less than 18, client cares for?						No. of dependent adults client cares for?					
Special Population Code: A = Assisted Outpatient Treatment service(s) (AB 1421) C = Individualized education plan (IEP) required service(s) (AB 3632) School District Code: _____ refer to County list G = Governor's Homeless Initiative (GHI) service(s) N = No special population service(s) W = Welfare- to- work plan specified service(s)											
Explain Why You Are Here and the Help that You Would Like:											
Describe Alcohol and Drug Use (and Problems):											
Date:						Printed Name of Person Filling Out This Form:					

### INITIAL CONTACT FORM

**Confidential Pt. Info.  
See W&I Code 5328**

**NAME:**

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Physical Disability: (please check all that apply) 00 = None 01 = Severe Visual Impairment 02 = Severe Hearing Impairment 04 = Speech Impairment 08 = Physical Impairment/Mobility 16 = Developmentally Disabled (i.e., epilepsy, cerebral palsy, mental retardation, etc.) 32 = Other, physical impairment, or disease not listed above (i.e., loss of upper limbs, diabetes, hypertension, cancer, drug addiction, alcoholism, etc.) 99 = Unknown																																				
Primary Language: _____ Preferred Language: _____ <table style="width: 100%; font-size: small;"> <tr> <td>A = English</td> <td>H = Cambodian</td> <td>O = Ilocano</td> <td>V = Russian</td> <td>3 = Other Sign</td> </tr> <tr> <td>B = Spanish</td> <td>I = Sign Language</td> <td>P = Mien</td> <td>W = Portuguese</td> <td>4 = Other Chinese</td> </tr> <tr> <td>C = Chinese Dialect</td> <td>J = Other</td> <td>Q = Hmong</td> <td>X = Italian</td> <td>9 = Unknown</td> </tr> <tr> <td>D = Japanese</td> <td>K = Cantonese</td> <td>R = Turkish</td> <td>Y = Arabic</td> <td></td> </tr> <tr> <td>E = Filipino Dialect</td> <td>L = Korean</td> <td>S = Hebrew</td> <td>Z = Samoan</td> <td></td> </tr> <tr> <td>F = Vietnamese</td> <td>M = Mandarin</td> <td>T = French</td> <td>1 = Thai</td> <td></td> </tr> <tr> <td>G = Laotian</td> <td>N = Armenian</td> <td>U = Polish</td> <td>2 = Farsi</td> <td></td> </tr> </table>		A = English	H = Cambodian	O = Ilocano	V = Russian	3 = Other Sign	B = Spanish	I = Sign Language	P = Mien	W = Portuguese	4 = Other Chinese	C = Chinese Dialect	J = Other	Q = Hmong	X = Italian	9 = Unknown	D = Japanese	K = Cantonese	R = Turkish	Y = Arabic		E = Filipino Dialect	L = Korean	S = Hebrew	Z = Samoan		F = Vietnamese	M = Mandarin	T = French	1 = Thai		G = Laotian	N = Armenian	U = Polish	2 = Farsi	
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Ethnicity (CSI = Race) with which You Most Identify: (up to 5 can be entered) _____ <table style="width: 100%; font-size: small;"> <tr> <td>A = White</td> <td>G = Chinese</td> <td>M = Other Asian</td> <td>S = Asian Indian</td> </tr> <tr> <td>B = Black</td> <td>H = Vietnamese</td> <td>N = Other Non- White</td> <td>T = Hawaiian Native</td> </tr> <tr> <td>C = Native American</td> <td>I = Laotian</td> <td>O = Unknown</td> <td>U = Guamanian</td> </tr> <tr> <td>D = Mexican American/Chicano</td> <td>J = Cambodian</td> <td>P = Other Southeast Asian</td> <td>V = Amerasian</td> </tr> <tr> <td>E = Latin American</td> <td>K = Japanese</td> <td>Q = Korean an</td> <td>X = Multiple</td> </tr> <tr> <td>F = Other Spanish</td> <td>L = Filipino</td> <td>R = Samoan</td> <td></td> </tr> </table>		A = White	G = Chinese	M = Other Asian	S = Asian Indian	B = Black	H = Vietnamese	N = Other Non- White	T = Hawaiian Native	C = Native American	I = Laotian	O = Unknown	U = Guamanian	D = Mexican American/Chicano	J = Cambodian	P = Other Southeast Asian	V = Amerasian	E = Latin American	K = Japanese	Q = Korean an	X = Multiple	F = Other Spanish	L = Filipino	R = Samoan												
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Mother's First Name:	Client Birth Name:																																			
Birthplace    County: _____    State: _____    Country: _____																																				
Significant Other's Name: _____ Relationship: _____ Phone: _____																																				
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School District Codes  
County of San Bernardino

The Client and Service Information (CSI) System:

All persons served in treatment programs must be reported to the CSI System. This includes both Medi-Cal and non-Medi-Cal clients, and persons served by the private practitioners that were formerly in the Fee-For-Service System.

The following is a list of currently identified School Districts within the County of San Bernardino. The system is capable of accepting any State of California School District Code, should the child reside in another county.

The School District Code is required on any AB Client where the Special Population code of "C" has been entered.

<b><u>CDS Code</u></b>	<b><u>School Name</u></b>
3667587	Adelanto
3667595	Alta Loma
3675077	Apple Valley Unified
3673858	Baker Valley Unified
3667611	Barstow Unified
3667637	Bear Valley Unified
3667645	Central
3667652	Chaffey Joint Union
3667678	Chino Valley Unified
3667686	Colton Joint Unified
3667694	Cucamonga
3667702	Etiwanda
3667710	Fontana Unified
3667736	Helendale
3675044	Hesperia Unified
3675051	Lucerne Valley Unified
3667777	Morongo Unified
3667785	Mountain View
3667793	Mt. Baldy Joint
3667801	Needles Unified
3637819	Ontario - Montclair
3667827	Oro Grande
3667843	Redlands Unified
3667850	Rialto Unified
3667868	Rim of The World Unified
3667876	San Bernardino City
3610363	San Bernardino County SP Ed
3673890	Silver Valley Unified
3673957	Snowline Joint Unified
3667892	Trona Joint Unified
3675069	Upland Unified
3667918	Victor Elementary
3667926	Victor Valley Community College
3667934	Victor Valley Union High
3667959	Yucaipa - Calimesa Joint Unified